

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1447 -62-011212
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 148

Primary Registration District No. 1002

Registrar's No.

FILED APR 2 1962

VS 300
Rev. 4/59

1

2 3638

3

4 6

5 1

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9 331X

10

11

12 5-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF P. Sewell

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

67 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Joseph Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1707 West 44th St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

William Elwood Moore

4. DATE OF DEATH

March 11 - 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 3 - 1876

9. AGE (last birthday)

85

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self Employed Interior Decorative

Waverly - Ohio

11. BIRTHPLACE (City and state or country)

U.S.A.

13a. FATHER'S NAME

Elwood Franklin Moore

13b. MOTHER'S MAIDEN NAME

Samara Parly

14. NAME OF HUSBAND OR WIFE

MARTHA JANE MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Martha J. Moore 1707 W. 44th K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

19 days

DUE TO (b)

Essential Hypertension

2 yrs

DUE TO (c)

Arteriosclerosis

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertrophied Prostate - Permanent Colostomy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from 2-22-61 to 3-11-62 and last saw him alive on 3-11-62
Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

1722 W 39th K.C. Mo

22c. DATE SIGNED

3-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

MARCH 12 1962

23c. NAME OF CEMETERY OR CREMATORY

Johnson County Mem. Gard.

23d. LOCATION (City, town, or county)

Johnson County, Ks.

24. FUNERAL DIRECTOR

Address

John, 1901 North Blue, Kansas City, 3 Kansas

25. DATE RECD. BY LOCAL REG.

3-12-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul H. Williamson

Licensed Embalmer No. 5009

P. O. Address

Overland Park K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.